

DAPIG Law Enforcement Training Scholarship Application

Applicant Information

Agency Name _____
Last Name _____ First Name _____
Agency Mailing Address _____
Agency City/State/Zip _____
Work Phone Number _____ Other Phone Contact _____
E-mail Address _____ Fax Number _____

Name of Training Class: _____
Class Date(s): _____
Location of Class: _____
Cost of Class: _____

Please briefly describe how this class is Property Crime related?

I certify that all information provided in this application is correct. I authorize the release of this information to DAPIG.

Applicant Signature _____ **Date** _____

Mail completed and signed application to:

Denver Area Property Investigator's Group
P.O. Box 350536
Westminster, CO 80035

Or email completed form to admin@dapig2.org

Office Use Only

Approved _____

Not Approved _____

Check Number _____

Secretary Signature _____